



ARIZONA DEPARTMENT OF HEALTH SERVICES

Updates to [COVID-19 Guidance for Visitation at Congregate Care Setting for Vulnerable Adults and Children](#)

Updated 9/23/2020

****EFFECTIVE DATE: 10/1/2020****

The following changes will be added to the LTC Visitation Guidance Document:

PAGE 1 Introduction

1. Facilities should immediately allow for compassionate care visits regardless of the level of community spread. Compassionate care visits include visits for end-of-life or terminal diseases, but facilities must limit contact as much as possible. This is consistent with guidance from CMS and the White House Gating Criteria. Compassionate care visits also include visits by necessary healthcare professionals (including medical, dental, and behavioral healthcare), clergy, and professionals assisting individuals with disabilities, including the use of licensed sign language interpreters and other communication service providers.

Compassionate care visits that occur during the substantial community spread phase should have the mitigation measures implemented that would be required during the moderate phase.

PAGE 9: Additional Visitation Types: The following will be added to the Visitation types:

- **Health care workers** who are not employees of the facility but provide direct care to the facility's residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dentists, home health personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened. Therapy dogs should be permitted, however, any handler must adhere to the visitation policy.
- **Regulatory and investigative personnel** who are not employees of the facility but ensure health and safety of the residents, such as law enforcement, ADHS/CMS licensing surveyors, APS Investigators, and health plan quality assurance investigators, etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened.



Page 9 **Additional Visitation Types (continued)**

- Residents may designate one or two family member(s) or caretaker(s) to serve as a “Designated Essential Visitor”. The facility should develop policies and procedures to allow for the Designated Essential Visitor to visit at any time during normal (pre-COVID-19) visitation hours, or in cases of emergency, as long as the following requirements are met:
 - The Essential Visitor presents the facility documentation of a negative COVID test (either PCR or antigen) on the same [testing interval required by CMS](#) for the facility staff:
 - Minimal (Percent Positivity <5%): Once a month
 - Moderate (5% - 10%): Once a week
 - Substantial (>10%): Twice a week
 - The Designated Essential Visitor signs an initial attestation that they will avoid attending large gatherings in between testing and visitation;
 - The Designated Essential Visitor attests on each visit that they are free from symptoms;
 - The Designated Essential Visitor must be at least 18 years of age
 - The facility requires mask-wearing by residents (when safe), visitors, Designated Essential Visitor, and staff.
 - The facility requires hand sanitizing before the visit.
 - The facility maintains a visitor log for contact tracing purposes.
 - The resident shall have the discretion to change their Designated Essential Visitor in accordance with the policy established by the facility
- For all visitation types:
 - Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should ensure all residents are able to receive visitors; and
 - Facilities must develop visitation policies for residents that may be bed restricted and unable to attend visitation outdoors or in an identified location. Policies and procedures shall take into consideration the requirements for **Visitor Access to Resident’s Living Space**, but allow for adequate visitation time.
 - For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the infection prevention requirements for COVID-19.



Page 9 **Additional Visitation Types (continued)**

- Facilities should enable visits to be conducted with an adequate degree of privacy by requiring staff maintain a reasonable distance during visitation. Visitors who are unable or unwilling to adhere to the requirements of COVID-19 infection prevention, such as wearing a mask at all times and maintaining physical distance (if required), should not be permitted to visit or should be asked to leave.
- To ensure that families who work during the week have the ability to visit their loved ones, facilities shall ensure that at least one weekend day is open for visitation.